



★ VIRGINIA ★
DEPARTMENT of ELECTIONS

Statement of Organization
Candidate

CITY OF ALEXANDRIA

APR 20 2015

*Please read instructions before completing this form.

Type of Statement					
<input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended statement of organization. <table border="1"><tr><td>Date Changes Took Effect</td><td>SBE-issued Committee ID</td></tr><tr><td> </td><td> </td></tr></table>	Date Changes Took Effect	SBE-issued Committee ID		
Date Changes Took Effect	SBE-issued Committee ID				
VOTER REGISTRATION ELECTORAL BOARD					
Committee Information					
Committee Information	Friends of Karen A. Graf Name of Candidate Campaign Committee				
	2714 Hickory Street Street Address/PO Box Suite #				
	Alexandria, VA 22305 City State Zip Code				
	graf4schoolboard@gmail.com 703-548-3348 Email Address Daytime Phone #				
	 Campaign Website				
Candidate Information					
Candidate Information	Graf Karen Attubato Salutation Last Name First Name Middle Name Suffix				
	2714 Hickory Street Residence Address Apt #				
	Alexandria, VA 22305 City State Zip Code				
	City of Alexandria 919811484 County or City of Residence Voter Identification #				
	graf4schoolboard@gmail.com 703-548-3348 Email Address Daytime Phone #				
	<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Election Information					
Election Information	School Board District A Office Sought District (if one)				
	n/a 2015 <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Political Party Year of Election Type of Election				



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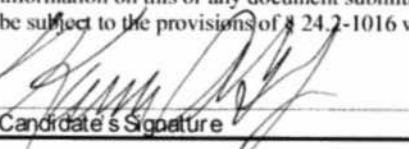
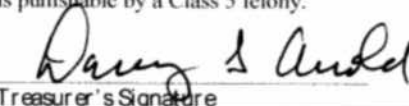
Treasurer Information					
Treasurer Information	Arnold, Darcey				
	Salutation	Last Name	First Name	Middle Name	Suffix
	2936 Hickory Street				
	Residence Address		Apt #		
	Alexandria, VA		22305		
	City		State		Zip Code
	City of Alexandria				
	County or City of Residence		Voter Identification #		
darceyarnold@comcast.net		703-629-6403			
Email Address		Daytime Phone #			
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Campaign Depository					
Chain Bridge Bank					
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)			
McLean VA					
City		State		City	State
Committee Activity					
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")				
	Date first contribution accepted:		n/a 3/2012		
	Date first expenditure made:		n/a 3/2012		
	Date campaign depository designated:		3/2012		
	Date filing fee paid for party nomination:		n/a		
	Date statement of qualification filed:		n/a 3/2012 + 4/2015		
Date treasurer appointed:		3/1/2012			

(continued on next page)



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Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using SBE's electronic filing application (COMET).</p> <p><input type="checkbox"/> File electronically using an SBE approved vendor</p> <p>Please indicate name of vendor: _____</p> <p><input type="checkbox"/> File paper reports.</p> <p> Signature</p> <p><u>4/16/15</u> Date</p>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p> Candidate's Signature</p> <p><u>4/16/15</u> Date</p>
Treasurer's Signature	<p>I accept the appointment of treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p> Treasurer's Signature</p> <p><u>4/17/15</u> Date</p>